



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 5:42 am, Feb 24, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN  
950124

NAME OF AGENCY  
Kirkville Police Department

DATE OF INSPECTION  
01/19/2015

LOCATION OF INSTRUMENT (STREET AND CITY)  
119 E McPherson, Kirkville, MO, 63501

TIME OF INSPECTION  
4:32 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)** DATE AND TIME (from printout) 01/19/2015 04:32 hours

☒ **COMPUTER**

☒ **DETECTOR**

☒ **PROGRAM**

☒ **FILTERS**

☒ **HEATERS SAMPLE CHAMBER** 49 °C

☒ **QUARTZ STANDARD**

☒ **FLOW DETECTOR**

☒ **CALIBRATION**

☒ **PUMP HIGH SPEED**

☒ **PRINTER**

☒ **INDICATOR LIGHTS**

☒ **SIMULATOR SOLUTION SUPPLIER** Guth Labs LOT # 14200 EXP. DATE 08/05/2016

☒ **SIMULATOR TEMP** ( $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ ) 34.0 °C SIMULATOR SN SD2271 EXP. DATE 11/24/2015

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ **0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE**

☐ **0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE**

☐ **0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE**

TEST 1 .101

TEST 2 .102

TEST 3 .102

☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	OVER .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE

*J. B. Chairez*

PRINT FULL NAME

Juan B Chairez

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240405

11/20/2016

TELEPHONE NUMBER

(660) 785-6945

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

550 NORTH ATLANTIC STREET • HARRISBURG, PA 17101-4511 • TELEPHONE 717-654-1411

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL, S.N. 61704030209, and found to contain 0.1213% (w/vol ethyl alcohol). The expiration date for this lot number is August 5, 2016 at 11:55 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of 0.100 g-210L  $\pm 3\%$ .

The alcohol and water used in this solution were free of all interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NOTE: This Certificate of Analysis was prepared by Ted L. Pauley, President of Guth Laboratories, Inc. All testing was conducted using Certified Reference Materials of lot number PM122211-02 and all values are traceable to NIST. All balances are calibrated annually by an outside vendor using NIST traceable weights. Each balance is certified to a maximum error of  $\pm 0.0001$  g. The expiration date for this certificate is August 5, 2016 at 11:55 PM.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**JUAN B CHAIREZ**

is hereby authorized to instruct and supervise operators that will utilize the device to obtain, collect, analyze, and report and operate the following breath analyzer:

**DATAMASTER, INTOXILYZER 5000**

for the determination of the alcohol content of blood from a sample of exhaled air. Permit issued under the provisions of sections 571.020 through 571.041, RSMo and 306.101 through 306.110 RSMo.

DATE 11/20/2014

NUMBER 240405

EXPIRES 11/20/2016

MOBILE

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
Acting Director  
LABORATORY OF STATE PUBLIC HEALTH AND SENIOR SERVICES

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>THE NAME OF OPERATOR IS REQUIRED TO BE PRINTED ON THE CARD. THE NAME OF THE OPERATOR IS REQUIRED TO BE PRINTED ON THE CARD. THE NAME OF THE OPERATOR IS REQUIRED TO BE PRINTED ON THE CARD.</small>	
Operator: CHAIREZ, JUAN Permit No: 240405 Date Issued: 11/20/14 Date Expires: 11/20/16	

To: Missouri Department of Health and Senior Services, Breath Alcohol Lab

On 1-24-2015, I, Ofc. Juan Chairez, observed a clerical error on the Datamaster Maintenance Report filed 12-18-2014 and 1-19-2015. The Simulator Expiration Date was listed as 11-24-2014. This was done in error due to the new year. The previous expiration for the Simulator was on 12-19-2014. The Simulator had been sent to the Missouri Safety Center and recertified for an expiration of 11-24-2015. I am submitting amended Maintenance Reports with the corrected information.

Thank You

Juan Chairez

Kirksville Police Department

J. Chairez KPD387